1200

Texas Ethics Commission

	JUDICIAL CANDIDATE / OFFICEHOLDER			FORM JC/OH		
	CAMPAIGN	FINANCE REPORT	3971	COVER SHEET PG 1		
	The JC/OH INSTRUCTION	Guide explains how to complete this form. 1 ACCOUNT (Ethics Comm		2 Total pages filed:		
3	CANDIDATE / OFFICEHOLDER NAME	NICKNAME Stockard	MI SUFFIX	OFFICE USE ONLY		
4	CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	A /	XAS	LED 3 53 PM' 3 53 PM'		
5	CAMPAIGN TREASURER NAME	NICKNAME LAST	MI SUFFIX	HD / PM Amount Date Processed		
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #.	istin, Texas	21P CODE 78701		
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER E) (512) 474-5245	XTENSION			
8	REPORT TYPE		Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach JC/OH - FR)		
9	PERIOD COVERED	Month Day Year THROUGH	Month Day 2 /27	Year 198		
10	ELECTION	3/10/78 =	Runoff	General Special		
11	OFFICE	OFFICE HELD (18 any) None	office sought (1600m)	ut atlan 45		
13	B DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made to Candidates are required to disclose this information only if they received Name Name	by others without the can ive notification of the dire	didate's prior consent or approvat ct campaign expenditure		
-:-	additional pages	Address / PO Box. Apt / Suite # City State Zip Code				
		GO TO PAGE 2		•		

Austin, Texas 78711-2070

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	net St	octard	15 ACCOUNT # (Ethics Commission filers)		
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	des political expenditures by political committees to support the candidate tout the candidate's or officeholder's knowledge or consent Candidates as the receive notice of such expenditures. ••	e / officeholder. These expenditures may not officeholders are required to report this		
		COMMITTEE NAME			
.	COMMITTEE TYPE				
- GENE		COMMITTEE ADDRESS			
	SPECIFIC.		·		
4		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		·			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$16,000.		
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$,		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 22,922.25		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DIE REPORTING PERIOD	\$ 22,922.25 \$ 3,077.75 \$ \$10,000.20		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI AY OF THE REPORTING PERIOD	\$10,000.2		

18 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15.

关

SANDRA ADAME MY COMMISSION EXPIRES July 21, 1999

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Signature of officer administering oath

9.48 , to certify which, witness my hand and seal of office ℓ

SAVOLA AD AME
Print name of officer administering oath

Election Code.

Notary Pullic

£.

474. ml 4

P.O. Box 12070

1 Total pages Schedule A(J): 3 ACCOUNT # (Ethics Commission filers) 7 Amount of 8 In-kind contribution description(if applicable) 1
7 Amount of 8 In-kind contribution description(if applicable) 16,000. Appropriate (if any) Amount of In-kind contribution
contribution (\$) description(if applicable) 16,000. Appropriate (if any) Amount of In-kind aontribution
Amount of In-kind aontribution
Amount of In-kind achtribution
Amount of In-kind sontribution
ors spouse (if any)
·
Amount of In-kind contribution contribution (\$) description(if applicable)
6
tor's spouse (if any)
AS NEEDED additional reporting requirements.
1

as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070			(512)	(512) 463-5800 1-800-325-8		
PLEDG	GED CONTRIBUTIONS (JUDICIAL)		SCHEDULE B(J)		
\						
	CTION GUIDE explains how to complete	e this form.	1 Total pages Sche	edule B(J):		
FILER NAM	IE \		3 ACCOUNT# (EH	nics Commission filers)		
	TOTAL OF UNITEMIZED PLEE	OGES: ⇔ ⇔ ⇔ •	⇒ * ⇒	\$		
Date		out of state PAC . State: Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)		
) Pledgor's prin	ncipal occupation	11 Pedgors job t	inte	İ		
Pledgor's emp	ployer/law firm	1/3 Law firm of ple	edgor's spouse (if any)			
If pledgor is a	child, law firm of parent(s) (if any)					
Date	Full name of pledgor Pledgor address, City.	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor's prin	ncipal occupation	Pledgor's job	title			
Pledgor's emp	ployer/law firm	Law firm of ple	edgor's spouse (if any)			
If pledgor is a	child, law firm of parent(s) (if any)					
Date	Full name of pledgor Pledgor address. City:	Dut of state PAC State. Zip Code	Amount of pledge (\$)	In-kind contribution description(if applicable)		
Pledgar's prir	ncipal occupation	Pledgor's job	inia			
Pledgor's em	ployer/law firm	Law firm of pla	edgor's spouse (if any)			
If pledgor is a	child, law firm of parent(s) (if any)					
Yt co	ATTACH ADD	OITIONAL COPIES OF THIS FO Diease see instruction guide (ting requirements.		

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Texas Ethics Commission P.O. Box (2070 Austin, Texas 78/11-20/0	(512) 463-5800 1-800-325-8506		
LOANS (JUDICIAL)	SCHEDULE E(J)		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E(J):		
Janet Stockard	3 ACCOUNT # (Ethics Commission filers)		
TOTAL OF UNITEMIZED LOANS: ⇔ ⇔ ⇔	⇒ ⇒ \$		
5 Date of loan 7 Name of lender Stockard out of state PAC (SE	9 Loan Amount (\$) 10,000,		
6 Is lender a financial Institution? Y N 8 Lender address: City: State: Zip Code ### ### ### ########################	78734 11 Maturity date		
Y (N) ROGE TEXAS 12 Lender's Principal Occupation 13 Lender's Job)			
14 Lender's Employer/Law Firm 15 Law Firm of let N	nders spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collaferat			
1 9 Name of guarantor INFORMATION 1 9 Name of guarantor A 2 0 Guarantor address. City. State. Zip Code	2 1 Amount Guaranteed (\$)		
22 Guarantor's Principal Occupation 23 Guarantor's J. 23 Guarantor's J.	/ PT		
2 4 Guarantor's Employer/Law Firm 2 5 Law Firm of guarantor is child, law firm of parent(s) (if any)	uarantor's spouse (if any)		
N/H			
ATTACH ADDITIONAL COPIES OF THIS FORM If lender is out-of-state PAC, please see instruction guide for add			
	•		

POLITICAL EXPENDITURES	SCHEDULE F
The Інѕтячстюм Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Janet Stockard	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name Caul Green Way 6 Payee address: City: State: Zip Code	7 Amount (5) 41,500
	Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought / held
Date Payee name 2/54 Faul Green woul Payee address: City: State, Exp-Code	42545
Purpose of expenditure produce tv. commercial	Complete if direct expenditure to benefit C/OH Office sought / held Office sought / held
Date Payee name X.V.U.E. T.V. Payee address: City. State: Zip Code. P.O.Bax Aus TIN, 9927	7EYAS 78766
Purpose of expenditure political commercial	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office soughl / held
Payee name 2/27/48 Payee address. City: State. Zip Code P.O. Bey AUSTIN, TE 9927	Amount (5) 578. 69/ 78746
Purpose of expenditure Political commercial	Complete if direct expenditure to benefit C/OH Office sought / held
ATTACH ADDITIONAL COPIES C	F THIS FORM AS NEEDED

P.O. Box 12070

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME	Janet Stockard	,	3 ACCOUNT	{Ethice Commission filers}
2/ 1	MESNE BIVE	78758 9 "Complete If direct expe		:
/ -	ical commerceail	Candidate / Officeholder	namė	Office sought / held
Date 2/35/98	Payee name XXAW TV. Payee address; City; State; Zip Code 908 W, AUSTIN, T. M. L. K.	EXAS		Amount (\$) 7,290.0%
Purpose of expe		Complete if direct expendence Candidate / Officeholder		t C/OH Office sought / held
Date 2/27/98	Payee name XXAN TV. Payee address; City; State; Zip Code 908 W. Austri, M.L. K.	TEXAS		Amount (\$) /05
Purpose of exp	enditure	·· Complete if direct exp Candidate / Officeholder		t C/OH Office sought / held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of exp	penditure	Complete if direct exp Candidate / Officeholder		it C/OH •• Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	REEDED	